

## STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Andre	w Antrobus	pallipation of the control of the co	
II. Name of lobbyist's partnership Pfizer Inc.	, firm or corporation, if an	<b>y</b> :	
(Name of partnershi	p, firm or corporation)		
c/o 28 Liberty Ship Way, Suite 2	815 Sausalit	o CA	94965
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
415, 903-2800	415 610-7604	e-mail pfizer@	politicomlaw.com
(Telephone)	(Fax)	V HIVII	
III. This statement covers: (Choos reportable expense transactions w	hich are not attributable to	any one client).	
Pfizer Inc.			•
	Client as it appears on the Lob	byist Registration Form)	
<u>OR</u>	:		
☐ All reportable transactions by the unrelated to any particular client.	lobbyist (including the lobb	yist's family), or the lobbyir	ng firm listed below which ar
IV. Date of Report April 26, 20	) 17 🛘	July 26, 2017 🛚	
	registration to 3/31/17	activity from 4/1/17 to 6/30/1	7
October 25, activity from 7/		January 31, 2018 <b>2</b> activity from 10/1/17 to 12/3	1/17
V. There have been no fees receif this box is checked, complete just it Concord, NH 03301.			
VI. Check if additional reports are	attached:		
☐ If you have received fees or mad		e Addendum A-Fees and F	Expenses
☐ If you have paid an honorarium Expense Reimbursement	or reimbursed expenses, you	must file <b>Addendum B</b> -Re	eport of Honorariums or
☐ If you, your firm, or your family	has made political contribut	ions, you must file Addend	um C-Political Contribution
Sworn Statement/Affirmation by I. I have read RSA 15, RSA 15-B, RSA and complete to the best of my know (Signature of lobbyist)  Andrew Antrobus	A 14-C and RSA 664 and her	eby swear or affirm that the	
(Print Name of lobbyist)			RECEIVE

FEB 0 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE